FAX TRANSMISSION

DATE:

August 1, 2005

PTO IDENTIFIER:

Application Number

09/963,513-Conf. #1227

Patent Number

Inventor:

Gerhard Grolig et al.

MESSAGE TO:

US Patent and Trademark Office

FAX NUMBER:

(703) 872-9306

FROM:

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22135-00013-US

PAGES (Including Cover Sheet): 14

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Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page)

Request for Continued Examination (2 pages)

Amendment (8 pages)

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Under the Papenvork Raduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Application Number Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518). 09/963,513-Conf. #1227 September 27, 2001 RANSMITT Filing Date Gerhard Grolig First Named Inventor For FY 2005 D. E. Becker Examiner Name 1761 Applicant claims small onlity status. See 37 CFR 1.27 Art Unit 22135-00013-US TOTAL AMOUNT OF PAYMENT 910.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Check Connolly Bove Lodge & Hutz LLP X Deposit Account Deposit Account Number, 22-0185 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 x Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES FILING FEES** Small Entity **\$mall Entity** Small Entity Fee (\$) Fees Pald (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 500 250 100 150 300 Utility 130 65 100 50 200 100 Design 300 150 160 80 200 100 Plant 500 250 600 300 Reissue **300** 150 200 100 0 0 0 **Provisional** 2, EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissucs) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Total Claims Fee Paid (\$) Fee (\$) Fee Pald (S) Extra Claims Fee (\$) Indep. Claims 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Fee (\$) Total Sheels Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x - 100 = /50 Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (c.g., late filing surcharge): 1251 Extension for response within first month 120.00 1801 Request for continued examination (RCE) (see 37 790.00 SUBMITTED BY Registration No. (202) 331-7111 39,294 Telephone -MKKe Sionalure (Allomby/Agent) August 1, 2005

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Name (Print/Type)

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FEE TRANSMITTAL	Filing Date	September 2			
For FY 2005	First Named Inventor	Gerhard Grolig			
	Examiner Name	D. E. Becker			
Applicant claims small onlity status. See 37 CFR 1.27 Art Unit		1761			
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X Deposit Account Deposit Account Number: 22-0185 Deposit	Account Name: Conno	olly Bove Lodge	& Hutz LL	Р	
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2. EXCESS CLAIM FEES		•		mall Entity	
<u>Fee Description</u> Each claim over 20 (including Reissues)			Fee (\$)	Fee (\$)	
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arms (Print/Type) Susan E. Shaw McBee	(Alizmsy/Agent) 39,294		(202) 331-7	111	
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